certificate of need did not approve Bergan Mercy and I guess I don't want to do an end run around that.

PRESIDENT: Thank you. Senator Labedz, then Senator Haberman. Senator Labedz.

Thank you, Mr. President. I appreciate the SENATOR LABEDZ: fact that Senator Schmit and Senator Hall did get up and talk about the cost and that there would not be any cost and I would like to say now that there are now on staff at Bergan Mercy Hospital, eight cardiologists, a cardiovascular surgeon. 13 cardiologists and four of them are on full time and they have offices right at Bergan Mercy. I hate so much when people tell me that we've got to go according to cost because none of us outside of myself on the opening of 716A, talked about the damage to the heart that may be irreversible whenever a patient transferred from one hospital to another and I think that's probably my greatest concern and I mentioned the fact, I think, in my opening statement also that sometimes when you go to a dentist you're sent to three different doctors before you get job done, but I certainly don't think it's proper and right for anyone to, I shouldn't say fool around with the heart, but that's exactly what it is when we have to transfer people to other hospitals. Right now the Med Center in Omaha does less surgeries 1986 and Immanuel 75 heart in St. Joseph's did 302, Clarkson 336 and Methodist 290. Now the hospitals that do less than 200 or less than 300 were grandfathered in when the CON went in approximately ten years At the hearing that was held last summer, this is an excerpt from the hearing. I would like to make an observation. think that at least up to this point it is important to note that not one single health professional or not one health facility from Omaha has appeared in oropposition to our recommended rules change and I think that's extremely important and the letter that Senator Hall mentioned that was written on March 28 from Dr. Wright, and this is just one part of a lengthy letter, he says, "I would draw the First, the CON regulations would be following conclusions. improved if they were changed to require that no new program for open-heart surgery may start unless it can show a reasonable expectation of being able to do 200 operations per year within two years of onset and can also show that starting such a service would not be expected to prevent currently operating services from reaching or maintaining this volume." I could go on and on but it would be just taking up more time and I think